



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Legislative Update, Week of March 19, 2010

The Department had figure setting on Tuesday and Wednesday of this week. The Joint Budget Committee heard recommendations from the JBC Legislative Analyst for figure setting in the Long Bill. The Department requested and the JBC approved the following policy adjustments: an *Evidence Guided Utilization and Quality Review of Contracts* geared at improving efficiencies in hospital outlier days and frequent emergency department visits; *Coordinated Payment and Payment Reform*, resulting in a savings from several payment reform initiatives; *Expansion of State Maximum Allowable Cost Pharmacy Rate Methodology*, where additional savings can be achieved from increasing the number of drugs in the pharmacy reimbursement schedule; and *Medicaid Program Reductions* to include restrictions to durable medical equipment and provider rate reductions. The JBC also voted for the removal of 5.7 FTE for implementation of the Colorado Health Care Affordability Act and delay the implementation of the Accountable Care Collaborative by two months from November to January of 2011. Under this program, the Department would contract with five Regional Care Collaborative Organizations (RCCOs) in order to provide enhanced primary care case management services for non-dual eligible clients.

Senate Bill 129, Concerning Care Coordination Services for Children with Autism, sponsored by Senator Hudak and Representative Rice, passed on House second reading on Wednesday this week. The proposed legislation would allow for more case management options for HCBS Children with Autism Waiver. Expanding the current language, which designates Community Centered Boards (CCBs) as the Single Entry Point (SEP), to include CCBs, SEPs, or other department-approved case management agency.

Representative Massey and Senator Foster sponsored House Bill 1004, which comes out of the Health Care Task Force, Concerning Standardization of Health Insurance Information Provided to Consumers, passed before Senate Health and Human Services Committee on Wednesday of this week. This bill requires the commissioner of insurance to adopt rules establishing standard formats for policy forms and explanation of benefit forms provided by health insurance carriers to consumers. The bill obligates the commissioner to seek input from the health insurance industry, consumers, and other stakeholders prior to adopting the rules. The bill requires carriers to comply with the standard format requirements starting July 1, 2011. It will be heard next on Senate second reading.

Also this week, HB10-1353, Concerning Noncitizen Old Age Pension, sponsored by Representative Pommer and Senator Keller, was laid over indefinitely. The bill was part of the budget-balancing package. The federal "Personal Responsibility and Work Opportunity Reconciliation Act of 1996" requires a 5-year waiting period for access to public benefits for all qualified aliens except those subject to specific federal exclusions. Current state law has a 3-year waiting period for the old age pension (OAP) for qualified aliens. The bill attempted to reconcile the two waiting periods.